STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445406	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE OF RUTHERFORD	901 COUNTY FARM RD MURFREESBORO, TN 37127

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the corridor doors. The findings included: During the facility tourn on 5/10/10 the following deficiencies were noted and verified by the Director of Maintenance. At 11:00 AM, observation of the JK dining room revealed the doors did not close smoke tight as required. National Fire protection Association (NFPA). 101, 8.3.4.1	K 018	A. The door identified was checked by the Maintenance Department on 5/10/2010. A bracket screw was found to be loose which prevented the door from closing thus not providing a smoke tight seal. An adjustment was made and repair was documented. B. An audit of all self-closing doors was completed 5/19/2010 by the Maintenance Department. There were no other issues and documentation has been completed. C. A monthly check will be conducted by the Maintenance Department for three (3) months to ensure 100% compliance. Doors will then be put on quarterly check for twelve (12) months. D. Findings will be reported to the Quality Assurance Committee and repeated if necessary. 5/19/10	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system protects hazardous areas in accordance with 8.4.1 and/or 19.3.5.4 . When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	A. The penetrations identified were sealed by the Maintenance Department on 5/10/2010 to prevent the passage of smoke. B. All other mechanical rooms have the potential of being affected with penetrations when mortar joints crack if building settles. C. An audit of all mechanical rooms was completed on 5/25/2010 by the Maintenance Department. If any are found, it will be repaired and recorded. 5/25/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Charles M. Hill — Administrator — 5/26/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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COMMUNITY CARE OF RUTHERFORD	901 COUNTY FARM RD MURFREESBORO, TN 37127

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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the hazardous areas. The findings included: During the facility tour on 5/10/10 the following deficiencies were noted and verified by the Director of Maintenance. At 10:05 AM, observation Of the G wing mechanical room and the old mechanical room revealed penetrations in the walls. National Fire protection Association (NFPA) 101, 19.3.2.1	K 029	D. Maintenance Director will report monthly audit findings to the Quality Assurance Committee until 100% compliance has been maintained for three consecutive (3) months and will report as needed thereafter.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the alarm system. The findings included: During the facility tour on 5/10/10 the following	K 052	A. The pull station identified in the dayroom was relocated by the facility's fire alarm contractor on 5/24/2010 to an area that is more accessible and ADA compliant. B. An audit of all pull stations was completed on 5/24/2010 by the Maintenance Director for accessibility and ADA compliance and it was 100% compliant. C. A policy has been written to ensure that when all outside contractors relocate pull stations that they are ADA compliant and accessible when job is complete. This policy was approved by the Quality Assurance Committee on 5/25/10. D. Findings of audit will be reported to the Quality Assurance Committee. 5/25/10	

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K 052	Continued From page 2 deficiencies were noted and verified by the Director of Maintenance. At 10:25 AM, observation of the Day room revealed the pull station was blocked with a counter. National Fire Protection Association (NFPA). 72, 21.8.2.1	K 052		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the life safety codes and electrical codes. The findings included: During the facility tour on 5/10/10 the following deficiencies were noted and verified by the Director of Maintenance. At 9:55 AM, observation of the kitchen revealed not all of of the electrical outlets were not ground fault circuit interrupters (GFCI). National Fire protection Association (NFPA). 70, 517-20 At 10:00 AM, observation of the kitchen mop room revealed no door closure. National Fire protection Association (NFPA). 10-1, 19.5.2.1	K 130	A. The items identified were corrected by the *Maintenance Department:* a. # 1: The Maintenance Assistant replaced the two identified 120v duplex receptacles with 120v duplex ground fault circuit interrupters (GFCI) on 5/10/2010 in the kitchen cart storage room. b. # 2: A door closure was installed on the identified door on the kitchen mop closet by the Maintenance Assistant on 5/11/2010. B. There is only one mop room in the kitchen. C. An audit of all 120v receptacles in the kitchen was completed by the Maintenance Director on 5/25/2010. Any 120v duplex receptacles that are readily accessible (in what is considered a wet area) and that are not GFCI's will be replaced with GFCI's. D. All findings will be reported to the Quality *Assurance Committee.* 5/25/10	